PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 CLAIMS AS FILED - PART I

Application or Docket Number

12053365

CLAIMC AC FILED DADT!												
CLAIMS AS FILED - PART I							SMALL ENTITY				OTHER THAN	
TOTAL CLAIMS CI			(Column 1)		(Column 2)			TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS							RATE	FEE		RATE	FEE	
FO	R	NUMBER FILED NUMBER EXTRA BASIC FEE 370.00 OR			BASIC FEE	740.00						
то	TAL CHARGEA	BLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	_AIMS	mi	nus 3 =	* —			X42=		QR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT	ESENT				.140		1	.000	
* If the difference in column 1 is less than zero, enter "0" in column								+140=		OR	+280=	
			TOTAL		OR	TOTAL						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I	
		CLAIMS		HIGH					ADDI-			ADDI-
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	Independent	* [Minus	*** (3	= -		X42=		/or	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM							
								+140=		OR	+280=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
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_		CLAIMS		HIGH			ſ		ADDI-			ADDI-
E				NUM PREVI	OUSLY EXTRA	PRESENT	RAT	RATE	TIONAL		RATE	TIONAL
EN		AMENDMENT		PAID		CAITA			FEE			FEE
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							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	J
_		(Column 1)	10 900	(Colu		(Column 3)						
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Ļ,		AFTER		PREVI		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
AMENDMENT C		AMENDMENT		PAID	FOR	1			FEE			FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=-		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OI1		-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE												
		***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

PATENT AF	PPLICATION F	EE DETERM	INATION RE	CORD	Appli	cation (or Docke	t Number	
	Effective	January 1, 20	03					•	
	CLAIMS AS FI	SMA	LL ENTIT	-v					
TOTAL CLAIMS		(Column 1) (Column 2)					OT OR SM	OTHER THA SMALL ENTI	
- FOR	All	MADED EU ED				EE	RA	TE FE	
TOTAL CHARGEABLE		JMBER FILED	NUMBER EXTRA	BASI	C FEE \$	375 C	RBASIC	FEE \$75	
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				+140	0=	0	R +280	÷ ,	
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C	umn 1) Alms	(Column 2		- I	ADDIT FEE				
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AF AMEN	Minus	PAID FOR			FEE		naic	TIONAL FEE	
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. •				+140=		OR	+280=		
(Colum	4\			TOTAL ADDIT. FEE		OR AL	TOTAL DIT. FEE		
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Total .	Minus	**	=	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	FEE			FEE	
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FIRST PRESENTATION	OF MULTIPLE DEF	PENDENT CLAIM		X42= .	(DR · >	(84=		
f the entry in column 1 is less to file "Highest Number Previous	than the entry in colu	ma 2, write "0" in co	lumn 3.	+140=	C)R +2	280=		
f the "Highest Number Previou f the "Highest Number Previous he "Highest Number Previous	isly Paid For IN I HIS	SPACE is less that	n 20, enter "20."	TOTAL ADDIT. FEE	O	LL 100	TOTAL T. F.E.E		
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Application or Docket Number